

AO 435
(Rev. 03/08)

Administrative Office of the United States Courts

FOR COURT USE ONLY

DUE DATE:

TRANSCRIPT ORDER

Please Read Instructions:

1. NAME John P. McAdams, AUSA		2. PHONE NUMBER (401) 709-5055		3. DATE 6/12/2013	
4. MAILING ADDRESS US Attorney's Office, 50 Kennedy Plaza - 8th Fl		5. CITY Providence		6. STATE RI	7. ZIP CODE 02903
8. CASE NUMBER CR 11-186-S	9. JUDGE Hon. William E. Smith	DATES OF PROCEEDINGS			
		10. FROM 5/13/2013	11. TO 5/20/2013		
12. CASE NAME U.S. v. Joseph Caramadre		LOCATION OF PROCEEDINGS			
		13. CITY Providence	14. STATE RI		
15. ORDER FOR					
<input type="checkbox"/> APPEAL		<input checked="" type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT	
<input type="checkbox"/> NON-APPEAL		<input type="checkbox"/> CIVIL		<input type="checkbox"/> BANKRUPTCY	
		<input type="checkbox"/> IN FORMA PAUPERIS		<input type="checkbox"/> OTHER	
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)					
PORTIONS		DATE(S)		PORTION(S)	
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify Witness)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)					
<input type="checkbox"/> OPENING STATEMENT (Defendant)					
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specy)	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)					
<input type="checkbox"/> OPINION OF COURT					
<input type="checkbox"/> JURY INSTRUCTIONS				<input checked="" type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING				Motion to Withdraw Change	
<input type="checkbox"/> BAIL HEARING				of Plea	
				05/13/13; 05/15/13; 05/20/13	
17. ORDER					
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
ORDINARY	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NO. OF COPIES		527.40
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>			
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL	527.40
18. SIGNATURE /s/ John P. McAdams, AUSA				PROCESSED BY	
19. DATE 06/12/13 DCN: M7028148				PHONE NUMBER	
TRANSCRIPT TO BE PREPARED BY				COURT ADDRESS	
ORDER RECEIVED	DATE	BY			
DEPOSIT PAID				DEPOSIT PAID	
TRANSCRIPT ORDERED				TOTAL CHARGES	527.40
TRANSCRIPT RECEIVED				LESS DEPOSIT	527.40
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED	
PARTY RECEIVED TRANSCRIPT				TOTAL DUE	527.40

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